

Application Data Sheet

Application Information

Application number:: ***Unassigned***
Filing Date:: ***Herewith***
Application Type:: ***Regular***
Subject Matter:: ***Utility***
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: ***None***
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: ***Paper***
Computer Readable Form (CRF)?:: ***No***
Number of copies of CRF::
Title :: ***BRAKE WITH CALIBRATION AND DIAGNOSTICS AND METHOD
AND PROGRAM PRODUCT RELATED THERETO***
Attorney Docket Number:: ***DP-310523***
Request for Early Publication?:: ***No***
Request for Non-Publication?:: ***No***
Suggested Drawing Figure:: ***1***
Total Drawing Sheets:: ***5***
Small Entity?:: ***No***
Latin name::
Variety denomination name::
Petition included?:: ***No***
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: ***No***

Correspondence Information

Name:: *Michael D. Smith*
Street of mailing address:: *P.O. Box 5052, Mail Code: 480-410-202*
City of mailing address:: *Troy*
State or Province of mailing address:: *Michigan*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *48007*

Phone number:: *(248) 813-1250*
Fax Number: *(248) 813-1222*
E-Mail address:: *Michael.D.Smith@delphi.com*

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship Country:: *United Kingdom*
Status::

Given Name:: *Gary*
Middle Name:: *C*
Family Name:: *Fulks*
Name Suffix::
City of Residence:: *Centerville*
State or Province of Residence:: *Ohio*
Country of Residence:: *United States*
Street of mailing address:: *1020 Green Timber Trail*
City of mailing address:: *Centerville*
State or Province of mailing address:: *Ohio*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *45458*

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship Country:: *United States*
Status::

Given Name:: Michael
Middle Name:: C
Family Name:: Pfeil
Name Suffix::
City of Residence:: *South Charleston*
State or Province of Residence:: *Ohio*
Country of Residence:: *United States*
Street of mailing address:: *3184 Buena Vista*
City of mailing address:: *South Charleston*
State or Province of mailing address:: *Ohio*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *45368*

Assignee Information

Assignee name:: **Delphi Technologies, Inc.**
Street of mailing address:: **P.O. Box 5052, Mail Code 480-410-202**
City of mailing address:: **Troy**
State or Province of mailing address:: **Michigan**
Country of mailing address:: **United States**
Postal or Zip Code of mailing address:: **48007**